

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22610

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>1247</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANTHONIES MILL</u>		c. LENGTH OF STAY (in this place) <u>29 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANTHONIES MILL</u>		100 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>DACE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 2 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 7, 1889</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>2</u> DAYS <u>26</u>		11. BIRTHPLACE (State or foreign country) <u>WASHINGTON CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>SMITH JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH JANE MERCER</u>	
13c. NAME OF HUSBAND OR WIFE <u>WILLARD DACE</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No No</u>		15. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLARD DACE SULLIVAN, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Hepatic Duct</u> DUE TO (c) <u>155X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stone in Common Duct</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION <u>3-1-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stone in Common Duct, Carcinoma RT. Hepatic Duct</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1-24, 1956</u> , to <u>6-25, 1956</u> , that I last saw the deceased alive on <u>6-25, 1956</u> and that death occurred at <u>4:15 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. E. Carnahan</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Bourbon, Mo</u>		23c. DATE SIGNED <u>7-3-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO</u>	
DATE REC'D BY LOCAL REG. <u>7-9-56</u>		REGISTRAR'S SIGNATURE <u>Elyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. McLean</u> ADDRESS <u>Sullivan, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 1 1961

JAN 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. A. Humphrey*

Licensed Embalmer No. 4772

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.